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Re: U.S. Patent No. 6,743,900

Seed IP Ref: 484112.410

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1. Transmittal Form;
2. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address;
3. Statement Under 37 C.F.R. § 3.73(b).

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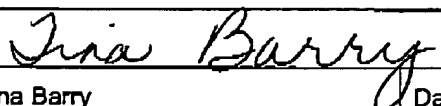
VIA FACSIMILE

TRANSMITTAL FORM (To be used for all correspondence after initial filing)	Patent Number	6,743,900
	Issue Date	June 1, 2004
	First Named Inventor	David S. Burt
	Art Unit	1648
	Examiner Name	Ulrike Winkler
	Attorney Docket No.	484112.410

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement and Transmittal <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): _____ _____ _____ _____

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Date	December 29, 2005	Reg. No.	48,903

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: David S. Burt et al.Application No./Patent No.: 6,743,900 Filed/Issue Date: June 1, 2004Entitled: PROTEOSOME INFLUENZA VACCINE

ID Biomedical Corporation of Quebec

a

corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership,
university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above.
The assignment was recorded in the United States Patent and Trademark Office at
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OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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- ☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title noted in B above are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



 Signature

Dec. 13, 2005

 Date

Paul Pinsonnault

 Typed or printed name Vice President, Legal Affairs Title

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Patent Number	6,743,900
	Issue Date	June 1, 2004
	First Named Inventor	David S. Burt
	Art Unit	1648
	Examiner Name	J. Winkler
	Attorney Docket Number	484112.410

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I hereby revoke all previous powers of attorney given in the above-identified application.					
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<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number 00500 OR <input type="checkbox"/> Firm or Individual Name					
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I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).					
SIGNATURE of Applicant or Assignee of Record					
Signature					
Name		PAUL PINSONNAULT			
Date		Dec 13, 2005			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
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